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DATE: September 8, 2004

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NUMBER OF PAGES INCLUDING THIS COVER SHEET: 14

**FROM:** Randall K. McCarthy, Registration No. 39,297

**TO:** Commissioner for Patents  
P. O. Box 1450  
Alexandria, VA 22313-1450

ADDRESSEE/ORGANIZATION	FAX NO.	TELEPHONE NO.
Art Group 3729	703/872-9306	866/217-9197

**RE:** Application No. 10/032,176  
In re application of: Michael W. Pfeiffer  
Assignee: Seagate Technology LLC  
Dkt. No.: P1572US01

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**PATENT**  
Dkt. No. P1572US01

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

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**SEP 08 2004**

In re application of: **Michael W. Pfeiffer**  
Assignee: **SEAGATE TECHNOLOGY LLC**  
Application No.: **10/032,176** Group No.: **3729**  
Filed: **December 21, 2001** Examiner: **P. Kim**  
For: **COMPLIANCE MECHANISM FOR MANIPULATING A CONTROL OBJECT**

**Mail Stop Amendment**  
**Commissioner for Patents**  
**P.O. Box 1450**  
**Alexandria, VA 22313-1450**

**AMENDMENT TRANSMITTAL**

1. Transmitted herewith is an amendment for this application.

**STATUS**

2. Applicant is other than a small entity.

**EXTENSION OF TERM**

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

**FEE FOR CLAIMS**

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

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**CERTIFICATION UNDER 37 C.F.R. §§ 1.8(a) and 1.10\***

I hereby certify that, on the date shown below, this correspondence is being:

**TRANSMISSION**

■ facsimile transmitted to the Patent and Trademark Office, (703) 872 - 9306

Date: September 8, 2004

  
\_\_\_\_\_  
Signature

Tiffany Koch

(type or print name of person certifying)

Amendment Transmittal—page 1 of

	(Col. 1)	(Col. 2)	(Col. 3)	OTHER THAN A SMALL ENTITY				
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDIT. FEE			
TOTAL	20	- 20	= 0	x \$ 18.00	= \$ 0.00			
INDEP.	2	- 3	= 0	x \$ 86.00	= \$ 0.00			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				+ \$ 0.00	= \$ 0.00			
				TOTAL ADDIT. FEE	\$ 0.00			

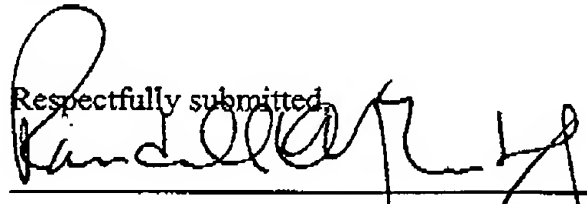
No additional fee for claims is required.

#### FEE DEFICIENCY

5. If any additional extension and/or fee is required, charge Account No. 06-0540.  
If any additional fee for claims is required, charge Account No. 06-0540.

Date: 9/8/04

Respectfully submitted,

  
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(Amendment Transmittal—page 2 of 2)